

11696 U.S. PTO
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PTO/SB/05 (08-03)

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 4133-040082(P-5532/3)
		First Inventor Jon D. Swenson
		Title "Medical Needle Assemblies"
		Express Mail Label No. EL738801075US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 18] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8]</p> <p>5. Oath or Declaration [Total Pages 6]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies </p>			
ACCOMPANYING APPLICATION PARTS			
<p>9. <input checked="" type="checkbox"/> Assignment Papers (copy from parent)</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No: 10 /141,537

Prior application information: Examiner Cris L. Rodriguez Art Unit: 3763

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	32182 (Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below
Name	Kirk M. Miles, Esq. Webb Ziesenhein Logsdon Orkin & Hanson, P.C.		
Address	700 Koppers Building 436 Seventh Avenue		
City	Pittsburgh	State	PA
Country	United States	Telephone	Zip Code 15219 Fax 412-471-4094

Name (Print/Type)	Kirk M. Miles	Registration No. (Attorney/Agent)	37,891
Signature			

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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032404

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: ATTORNEY'S DOCKET NUMBER

JON D. SWENSON AND RICHARD J. CAIZZA **4133-040082 (P-5532/3)**

ENTITLED

"MEDICAL NEEDLE ASSEMBLIES"

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

EXPRESS MAIL CERTIFICATE

"Express Mail" Label Number **EL738801075US**

Date of Deposit **March 24, 2004**

I hereby certify that the following attached paper or fee

**SPECIFICATION (10 pp.);
CLAIMS (29 claims, 7 pp.);
ABSTRACT (1 p.);
DRAWINGS (8 sheets);
DECLARATION AND POWER OF ATTORNEY (6 pp., copy);
ASSIGNMENT (6 pp., copy);
PATENT APPLICATION FEE TRANSMITTAL (1 p. in trip.);
UTILITY PATENT APPLICATION TRANSMITTAL (1 p.);
INFORMATION DISCLOSURE STATEMENT (2 pp.);
PTO/SB/08A (1 p.);
POSTCARD; AND
CHECK IN THE AMOUNT OF \$1102.00**

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the Commissioner for Patents, Alexandria, VA 22313-1450.

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PATENT APPLICATION TRANSMITTAL LETTER

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith for filing is the patent application of: Jon D. Swenson and Richard J. Caizza

Entitled: "Medical Needle Assemblies"

Small Entity Status:

Small Entity Statement under 37 CFR 1.27 is enclosed
 Small Entity Status is asserted for this application under 37 CFR 1.27

Enclosed are: 8 sheets of drawings
 An Assignment of the invention to: Becton, Dickinson and Company
 Declaration (copy)
 Non-Publication Request Under 37 C.F.R. §1.213

CLAIMS AS FILED

<u>No. Filed</u>	<u>No. Extra</u>	<u>Small Entity Rate</u>	<u>Non-Small Entity Rate</u>	<u>Charge</u>
Total Claims <u>29</u>	<u>-20 = 9</u>	x \$ 9.00	x \$ 18.00	\$ <u>162.00</u>
Indep. Claims <u>5</u>	<u>-3 = 2</u>	x \$ 43.00	x \$ 86.00	\$ <u>172.00</u>
Multiple Dependent Claim/s		+ \$145.00	+ \$290.00	\$ <u>0.00</u>
Basic Fee		+ \$385.00	+ \$770.00	\$ <u>770.00</u>
		Total of above Charges		\$ <u>1104.00</u>
		Total Fee		\$ <u>1104.00</u>

A check in the amount of \$1104.00 is enclosed to cover the filing fee.

The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR 1.16 or patent application processing fees under 37 CFR 1.17 associated with this communication to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650.

An original and two copies of this sheet are enclosed.

March 24, 2004

Date

By


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